

United States Bankruptcy Court Eastern District of Missouri						Voluntary Petition											
Name of Debtor (if individual, enter Last, First, Middle): SurgeonJr, Willie James				Name of Joint Debtor (Spouse) (Last, First, Middle): Surgeon, Stephenie Renee													
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): None				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): None													
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 1089				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 4872													
Street Address of Debtor (No. and Street, City, and State) 1432 Glenmeade Drive Maryland Heights, MO				Street Address of Joint Debtor (No. and Street, City, and State) 1432 Glenmeade Drive Maryland Heights, MO													
ZIPCODE 63043				ZIPCODE 63043													
County of Residence or of the Principal Place of Business: St. Louis (County)				County of Residence or of the Principal Place of Business: St. Louis (County)													
Mailing Address of Debtor (if different from street address):				Mailing Address of Joint Debtor (if different from street address):													
ZIPCODE				ZIPCODE													
Location of Principal Assets of Business Debtor (if different from street address above):						ZIPCODE											
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____		Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____ Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code)		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts													
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				Check one box: Chapter 11 Debtors <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D) <input type="checkbox"/> Debtor is not a small business as defined in 11 U.S.C. § 101(51D) Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000 Check all applicable boxes <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes, in accordance with 11 U.S.C. § 1126(b).													
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.						THIS SPACE IS FOR COURT USE ONLY											
Estimated Number of Creditors <table style="width: 100%; border: none;"><tr><td><input type="checkbox"/> 1-49</td><td><input type="checkbox"/> 50-99</td><td><input checked="" type="checkbox"/> 100-199</td><td><input type="checkbox"/> 200-999</td><td><input type="checkbox"/> 1000-5000</td><td><input type="checkbox"/> 5,001-10,000</td><td><input type="checkbox"/> 10,001-25,000</td><td><input type="checkbox"/> 25,001-50,000</td><td><input type="checkbox"/> 50,001-100,000</td><td><input type="checkbox"/> Over 100,000</td></tr></table>								<input type="checkbox"/> 1-49	<input type="checkbox"/> 50-99	<input checked="" type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1000-5000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> Over 100,000
<input type="checkbox"/> 1-49	<input type="checkbox"/> 50-99	<input checked="" type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1000-5000	<input type="checkbox"/> 5,001-10,000			<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> Over 100,000						
Estimated Assets <table style="width: 100%; border: none;"><tr><td><input checked="" type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>								<input checked="" type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion
<input checked="" type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion								
Estimated Liabilities <table style="width: 100%; border: none;"><tr><td><input type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input checked="" type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>						<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion		
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Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Willie James Surgeon Jr & Stephenie Renee Surgeon

All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)Location
Where Filed: NONE

Case Number:

Date Filed:

Location
Where Filed: N.A.

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor: NONE

Case Number:

Date Filed:

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**(To be completed if debtor is an individual
whose debts are primarily consumer debts)I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.
I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b).**X** /s/ James R. Brown 7/8/2009
Signature of Attorney for Debtor(s) Date**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box)

☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes)

☐ Landlord has a judgment for possession of debtor's residence. (If box checked, complete the following.)_____
(Name of landlord that obtained judgment)_____
(Address of landlord)☐ Debtor claims that under applicable non bankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

Voluntary Petition*(This page must be completed and filed in every case)*

Name of Debtor(s):

Willie James Surgeon Jr & Stephenie Renee Surgeon

Signatures**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Willie James Surgeon Jr

Signature of Debtor

X /s/ Stephenie Renee Surgeon

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

7/8/2009

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by § 1515 of title 11 are attached.



Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

(Date)

Signature of Attorney***X** /s/ James R. Brown

Signature of Attorney for Debtor(s)

JAMES R. BROWN EDMO#46155/MO#42100

Printed Name of Attorney for Debtor(s)

Castle Law Office of St. Louis, P.C.

Firm Name

500 N. Broadway, Ste. 1400

Address

St. Louis, MO 63102**314-446-4662**

Telephone Number

7/8/2009

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, 2) I prepared this document for compensation, and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. § 110(b), 110(h), and 342(b); and, 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

B1 D (Official Form 1, Exhibit D) (12/08)

UNITED STATES BANKRUPTCY COURT
Eastern District of Missouri

Willie James SurgeonJr & Stephenie
Renee Surgeon

In re _____
Debtor(s)

Case No. _____
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.



1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*



2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Willie James SurgeonJr
WILLIE JAMES SURGEONJR

Date: 7/8/2009

B1 D (Official Form 1, Exhibit D) (12/08)

UNITED STATES BANKRUPTCY COURT
Eastern District of Missouri

Willie James Surgeon Jr & Stephenie
Renee Surgeon

In re _____
Debtor(s)

Case No. _____
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.



1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*



2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Joint Debtor: /s/ Stephenie Renee Surgeon

STEPHENIE RENEE SURGEON

Date: 7/8/2009

B6 Cover (Form 6 Cover) (12/07)

FORM 6. SCHEDULES

Summary of Schedules

Statistical Summary of Certain Liabilities and Related Data (28 U.S.C. § 159)

Schedule A - Real Property

Schedule B - Personal Property

Schedule C - Property Claimed as Exempt

Schedule D - Creditors Holding Secured Claims

Schedule E - Creditors Holding Unsecured Priority Claims

Schedule F - Creditors Holding Unsecured Nonpriority Claims

Schedule G - Executory Contracts and Unexpired Leases

Schedule H - Codebtors

Schedule I - Current Income of Individual Debtor(s)

Schedule J - Current Expenditures of Individual Debtor(s)

Unsworn Declaration under Penalty of Perjury

GENERAL INSTRUCTIONS: The first page of the debtor's schedules and the first page of any amendments thereto must contain a caption as in Form 16B. Subsequent pages should be identified with the debtor's name and case number. If the schedules are filed with the petition, the case number should be left blank

Schedules D, E, and F have been designed for the listing of each claim only once. Even when a claim is secured only in part or entitled to priority only in part, it still should be listed only once. A claim which is secured in whole or in part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed on Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.

In re Willie James Surgeon Jr & Stephenie Renee Surgeon

Case No. _____

Debtor

(If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C – Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				
Total			0.00	

(Report also on Summary of Schedules.)

In re Willie James Surgeon Jr & Stephenie Renee Surgeon

Case No. _____

Debtor

(If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See. 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		Cash In Debtors' Possession	J	20.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Electro Savings Credit Union-Savings Electro Savings Credit Union	J	100.00
		St. Louis Community Credit Union-Checking & Savings St. Louis Community Credit Union	J	400.00
3. Security deposits with public utilities, telephone companies, landlords, and others.		Michael & Caroline Heckman-Security Deposit Michael & Caroline Heckman Lease ends 06/30/2010. Deposit refundable at end of lease.	J	1,200.00
4. Household goods and furnishings, including audio, video, and computer equipment.		Household Goods In Debtors' Possession	J	1,700.00
5. Books, Pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Books In Debtors' Possession	J	350.00
6. Wearing apparel.		Clothing In Debtors' Possession	J	200.00
7. Furs and jewelry.		Jewelry	J	400.00

In re Willie James SurgeonJr & Stephenie Renee Surgeon

Case No. _____

Debtor

(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
		In Debtors' Possession		
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		Federal Mogul-401K Federal Mogul	H	2,211.51
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlement to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owing debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate or a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights of setoff claims. Give estimated value of each.	X			

In re Willie James Surgeon Jr & Stephenie Renee Surgeon Case No. _____
Debtor (If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. §101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2001 Chrysler Town & Country(121k miles) In Debtors' Possession	J	3,200.00
		1988 Toyota Camry (177k miles. Doesn't run) In Debtors' Possession	J	2,125.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
0 continuation sheets attached Total				\$ 11,906.51

(Include amounts from any continuation
sheets attached. Report total also on
Summary of Schedules.)

In re Willie James SurgeonJr & Stephenie Renee Surgeon Case No. _____
Debtor (If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

- ☐ 11 U.S.C. § 522(b)(2) ☐ Check if debtor claims a homestead exemption that exceeds \$136,875.
☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Cash	(Husb)RSMo §513.430 (3)	20.00	20.00
Electro Savings Credit Union-Savings	(Husb)RSMo §513.430 (3) (Wife)RSMo §513.430 (3)	15.00 85.00	100.00
St. Louis Community Credit Union-Checking & Savings	(Wife)RSMo §513.430 (3)	400.00	400.00
Michael & Caroline Heckman-Security Deposit	(Husb)RSMo §513.430 (3) (Husb)RSMo §513.440	215.00 985.00	1,200.00
Household Goods	(Husb)RSMo §513.430 (1)	1,700.00	1,700.00
Books	(Husb)RSMo §513.430 (3)	350.00	350.00
Clothing	(Husb)RSMo §513.430 (1)	200.00	200.00
Jewelry	(Husb)RSMo §513.430 (2)	400.00	400.00
Federal Mogul-401K	(Husb)RSMo §513.430 (10)(f)	2,211.51	2,211.51
2001 Chrysler Town & Country(121k miles)	(Husb)RSMo §513.430 (5) (Wife)RSMo §513.430 (5)	200.00 3,000.00	3,200.00
1988 Toyota Camry (177k miles. Doesn't run)	(Husb)RSMo §513.430 (5)	2,125.00	2,125.00

B6D (Official Form 6D) (12/07)In re Willie James SurgeonJr & Stephenie Renee Surgeon

Case No. _____

Debtor

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
Subtotal (Total of this page)						\$ 0.00	\$ 0.00
Total (Use only on last page)						\$ 0.00	\$ 0.00

0 continuation sheets attached

(Report also on
Summary of Schedules)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

B6E (Official Form 6E) (12/07)

In re Willie James SurgeonJr & Stephenie Renee Surgeon,
DebtorCase No. _____
(if known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed.R.Bankr.P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

B6E (Official Form 6E) (12/07) - Cont.

In re Willie James SurgeonJr & Stephenie Renee Surgeon,
Debtor

Case No. _____
(if known)

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (12/07) - Cont.

In re Willie James SurgeonJr & Stephenie Renee Surgeon,
DebtorCase No. _____
(If known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

(Continuation Sheet) Sec. 507(a)(8)

Type of Priority for Claims Listed on This Sheet

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above..)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. 1098								
IRS c/o Insolvency Unit Stop 5334 STL 1222 Spruce St. St. Louis, MO 63103						Notice Only	Notice Only	Notice Only
ACCOUNT NO. 1089								
IRS P.O. Box 21126 Philadelphia, PA 19114-0321	J	Incurred: 2006 Consideration: Federal Income Tax				3,494.72	3,494.72	0.00
ACCOUNT NO. 1089								
IRS P.O. Box 21126 Philadelphia, PA 19114-0321	J	Incurred: 2007 Consideration: Federal Income Tax				1,240.00	1,240.00	0.00
ACCOUNT NO.								
Subtotal ➤						\$ 4,734.72	\$	\$
(Totals of this page)						\$ 4,734.72		
Total ➤						\$ 4,734.72		
(Use only on last page of the completed Schedule E.) Report also on the Summary of Schedules)								
Totals ➤						\$	\$ 4,734.72	\$ 0.00
(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)								

Sheet no. 1 of 1 continuation sheets attached to Schedule of
Creditors Holding Priority Claims

B6F (Official Form 6F) (12/07)

In re Willie James Surgeon Jr & Stephenie Renee Surgeon

Case No. _____

Debtor

(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 70149 ABC, Inc. 3009 N. Ballas, Ste. 227 St. Louis, MO 63131	H	Incurred: 12/2007 Consideration: Medical Services				45.51
ACCOUNT NO. 486861089 Ace Cash Express 3655 S. Grand St. Louis, MO 63118	H	Incurred: 03/2004 Consideration: Payday Loan				400.00
ACCOUNT NO. 5529011 Advance America c/o Collins Financial P.O. Box 5883 Hicksville, NY 11802	H	Incurred: 07/2002 Consideration: Payday Loan				134.50
ACCOUNT NO. 1089 Advance America Cash Advance 6902 Olive Blvd. University, MO 63130	H	Incurred: 07/2002 Consideration: Payday Loan				382.00
Subtotal ➤						\$ 962.01
Total ➤						\$

22 continuation sheets attached

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Willie James SurgeonJr & Stephenie Renee Surgeon,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 346-254357 Allied Waste Services P.O. Box 9001099 Louisville, KY 40290	H	Incurred: 07/2006 Consideration: Trash Bill				57.38
ACCOUNT NO. 435580733 Americredit P.O. Box 183853 Arlington, TX 76096	H	Incurred: 07/2007 Consideration: Deficiency Balance on Reposessed Auto				9,353.00
ACCOUNT NO. 10720 Ardmore Financial 1015 Locust St. Louis, MO 63101	H	Incurred: 12/2007 Consideration: Open Account				249.00
ACCOUNT NO. 09SL-AC11451 Ardmore Financial 1015 Locust, Ste. 740 St. Louis, MO 63101	H	Incurred: 12/2007 Consideration: Open Account				410.58
ACCOUNT NO. ATA412 AT&T c/o Asset Acceptance P.O. Box 15380 Wilmington, DE 19860	W	Incurred: 01/1996 Consideration: Phone Bill				247.84

Sheet no. 1 of 22 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 10,317.80

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Willie James SurgeonJr & Stephenie Renee Surgeon,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1089 AT&T c/o Midland Credit Mgmt. 8875 Aero Dr., Ste. 200 San Diego, CA 92123	H	Incurred: 06/2003 Consideration: Phone Bill				390.19
ACCOUNT NO. 2009670493 AT&T Mobility c/o Afni, Inc. P.O. Box 3427 Bloomington, IL 61702	W	Incurred: 01/2001 Consideration: Open Account				500.00
ACCOUNT NO. 009670493/02/19782868 AT&T/Charter c/o Riddle & Assoc. P.O. Box 1187 Sandy, UT 84091	H	Incurred: 03/2000 Consideration: Telecommunication Services				575.19
ACCOUNT NO. 8006713 Bank of America c/o Client Services 3451 Harry Truman Blvd. St. Charles, MO 63301	H	Incurred: 03/2008 Consideration: Bank Fees				253.05
ACCOUNT NO. G9488802/003542166797 Bank of America c/o ERS Solutions P.O. Box 9004 Rento, WA 98057	H	Incurred: 03/2008 Consideration: Open Account				133.65

Sheet no. 2 of 22 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 1,852.08

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Willie James SurgeonJr & Stephenie Renee Surgeon,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 3541922039/7220001835 Bank of America c/o NCO Financial Systems P.O. Box 17080 Wilmington, DE 19850	W	Incurred: 03/2008 Consideration: Open Account				276.06
ACCOUNT NO. 92007 BJC P.O. Box 500071 St. Louis, MO 63150	H	Incurred: 2004 Consideration: Medical Services				15.90
ACCOUNT NO. 127071746 BJC c/o EBO Financial Services 3523 Barren Parkway Dr., Ste. 241 Ballwin, MO 63021	W	Incurred: 05/2002 Consideration: Medical Services				278.40
ACCOUNT NO. 8731692433 BMG Music Service c/o Penn Credit Corp. P.O. Box 988 Harrisburg, PA 17108	W	Incurred: 05/2007 Consideration: Music Club Fees				29.56
ACCOUNT NO. 86463462 Cardinal Glennon Children's Hospital c/o NCO Financial Systems, Inc. 507 Prudential Rd. Horsham, PA 19044	W	Incurred: 01/2001 Consideration: Medical Services				104.00

Sheet no. 3 of 22 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 703.92

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Willie James SurgeonJr & Stephenie Renee Surgeon,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 959-943 Center for Pain Mgmt. c/o EPRO Collect P.O. Box 790126 St. Louis, MO 63179	W	Incurred: 08/2005 Consideration: Medical Services				419.06
ACCOUNT NO. 2025225449 Charter Communications c/o Afni, Inc. P.O. Box 3427 Bloomington, IL 61702	H	Incurred: 01/2001 Consideration: Cable Bill				776.00
ACCOUNT NO. 2012702100 Charter Communications c/o Afni, Inc. P.O. Box 3427 Bloomington, IL 61702	W	Incurred: 01/2001 Consideration: Cable Bill				289.00
ACCOUNT NO. 90794184 Children's Hospital c/o NCO Financial Systems, Inc. 507 Prudential Rd. Horsham, PA 19044	W	Incurred: 01/2001 Consideration: Medical Services				117.00
ACCOUNT NO. 4874413 Christian Hospital c/o Mediacredit 13730 S. Point Blvd. Charlotte, NC 28273	W	Incurred: 01/2001 Consideration: Medical Services				1,320.00

Sheet no. 4 of 22 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 2,921.06

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Willie James SurgeonJr & Stephenie Renee Surgeon,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. C0901100028 Christian Hospital NE 11133 Dunn Rd. St. Louis, MO 63136-6192	H	Incurred: 02/2006 Consideration: Medical Services				208.91
ACCOUNT NO. 603700305 Christian Hospital NE c/o Argent Healthcare Financial P.O. Box 33009 Phoenix, AZ 85067	H	Incurred: 01/2006 Consideration: Medical Services				1,760.25
ACCOUNT NO. 5424180251024722 Citibank USA c/o Midland Credit Mgmt. Dept. 8870 Los Angeles, CA 90084	H	Incurred: 04/1988 Consideration: Revolving charge account				749.83
ACCOUNT NO. 02-80800058784 City of Hazelwood P.O. Box 742503 Cincinnati, OH 45274	H	Incurred: 02/2008 Consideration: Parking Ticket				100.00
ACCOUNT NO. 1089 City of St. Louis c/o LDC Collection Systems P.O. Box 78459 St. Louis, MO 63178	H	Incurred: 2008 Consideration: Parking Ticket				40.00

Sheet no. 5 of 22 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 2,858.99

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Willie James SurgeonJr & Stephenie Renee Surgeon,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 03-48676002 Collins Financial c/o CBCS P.O. Box 163750 Columbus, OH 43216	H	Incurred: 2008 Consideration: Open Account				641.46
ACCOUNT NO. 2634482301003 Compucredit P.O. Box 800 Purchase, NY 10577	H					Notice Only
ACCOUNT NO. 58535748 Cooking Club of America P.O. Box 3516 Hopkins, MN 55343	W	Incurred: 09/2008 Consideration: Open Account				29.94
ACCOUNT NO. 1089 DePaul Medical Center Umansky & Assoc. 12460 Olive Blvd., Ste. 118 St. Louis, MO 63141	W	Incurred: 08/2007 Consideration: Medical Services				1,938.00
ACCOUNT NO. 486861089-1 Direct Loans P.O. Box 5202 Greenville, TX 75403	H	Incurred: 01/1985 Consideration: Student Loan				8,972.00

Sheet no. 6 of 22 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 11,581.40

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Willie James SurgeonJr & Stephenie Renee Surgeon,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 500016 Dr. Denzel Jines c/o Southhampton Dental 2340 Hampton Ave. St. Louis, MO 63139	W	Incurred: 07/2006 Consideration: Dental Bill				2,844.80
ACCOUNT NO. 1021 Dr. Jennifer Abel 7750 Clayton Rd., Ste. 105 St. Louis, MO 63117	W	Incurred: 05/2004 Consideration: Medical Services				3,015.28
ACCOUNT NO. 11823 Dr. Sciortino St. Louis Orthopedic Surgeons P.O. Box 78219 St. Louis, MO 63178	H	Incurred: 05/2007 Consideration: Medical Services				26.40
ACCOUNT NO. 4872 Dr. Uelk 3153 N. Lindbergh St. Ann, MO 63074	W	Incurred: 08/2008 Consideration: Dental Bill				17.00
ACCOUNT NO. 1089 Earll Construction 7453 Eugene Ave. St. Louis, MO 63116	J	Incurred: 08/2001 Consideration: Back Rent				2,200.00

Sheet no. 7 of 22 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 8,103.48

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Willie James SurgeonJr & Stephenie Renee Surgeon,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 209157932 Easy to Bake, Easy to Make P.O. Box 26599 Lehigh Valley, PA 18002	W	Incurred: 09/2007 Consideration: Open Account				109.34
ACCOUNT NO. ED1068-T3 Everyday With Rachel Ray P.O. Box 8045 Red Oak, IA 51591	W	Incurred: 2007 Consideration: Open Account				12.00
ACCOUNT NO. 4673643056377 First Card USA c/o RJM Acquisitions 575 Underhill Blvd., Ste. 224 Syosset, NY 11791	H	Incurred: 02/1998 Consideration: Revolving charge account				3,305.61
ACCOUNT NO. 4239801003760622 First National Bank c/o Midland Credit Mgmt. Dept. 8870 Los Angeles, CA 90084	H	Incurred: 2008 Consideration: Revolving charge account				588.83
ACCOUNT NO. 4071930202318329 First National Bank of Marin c/o FMS Investment corp. P.O. Box 681535 Shaumburg, IL 60168	W	Incurred: 07/1996 Consideration: Revolving charge account				2,014.43

Sheet no. 8 of 22 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 6,030.21

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Willie James SurgeonJr & Stephenie Renee Surgeon,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 17917360 Fleet c/o Asset Acceptance P.O. Box 2036 Warren, MI 48090	H	Incurred: 12/1995 Consideration: Credit card debt				400.00
ACCOUNT NO. 4223115 FME Federal Credit Union 29624 Harper Ave. St. Clair Shores, MI 48082-1643	H	Incurred: 01/2004 Consideration: Open Account				331.82
ACCOUNT NO. 148782 Fontbonne University 6800 Wydown Blvd. St. Louis, MO 63105	H	Incurred: 01/2007 Consideration: Tuition				2,748.75
ACCOUNT NO. 6187 Gateway Specialists 6400 Clayton Rd. St. Louis, MO 63117	H	Incurred: 05/2005 Consideration: Open Account				39.90
ACCOUNT NO. 15289172090605540 GEM7, LLC. c/o Joe Pezzuto, LLC. 4013 E. Broadway Phoenix, AZ 85040	H	Incurred: 01/2008 Consideration: Open Account				342.50

Sheet no. 9 of 22 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 3,862.97

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Willie James SurgeonJr & Stephenie Renee Surgeon,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. GV1665736220 Gevalia c/o North Shore Agency, Inc. P.O. Box 8091 Westbury, NY 11590	W	Incurred: 08/2006 Consideration: Open Account				30.74
ACCOUNT NO. 3706398223 Gulf State Credit/BP Oil c/o Global Vantage P.O. Box 3458 San Rafael, CA 94912	H	Incurred: 11/2000 Consideration: Revolving charge account				277.04
ACCOUNT NO. 312585839 Hidden Pictures Playground P.O. Box 4002862 Des Moines, IA 50340-2862	W	Incurred: 09/2007 Consideration: Open Account				16.84
ACCOUNT NO. 63043SRG143GE00G Highlights for Children P.O. Box 2182 Marion, OH 43306	W	Incurred: 10/2007 Consideration: Magazine Subscription				26.04
ACCOUNT NO. 6000275620 IDT Carmel, Inc. c/o Capital Mgmt. Services 726 Exchange St., Ste. 700 Buffalo, NY 14210	H	Incurred: 11/2005 Consideration: Revolving charge account				202.36

Sheet no. 10 of 22 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 553.02

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Willie James SurgeonJr & Stephenie Renee Surgeon,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 2634482301003 Imagine Mastercard c/o Jefferson Capital System 16 Mcleland Rd Saint Cloud, MN 56303	H	Incurred: 01/2001 Consideration: Revolving charge account				587.00
ACCOUNT NO. 4872 Imaging Partners of MO 14825 N. Outer Forty Dr. Chesterfield, MO 63017	W	Incurred: 10/2006 Consideration: Medical Services				68.10
ACCOUNT NO. 3246 Key Finance Co. 4938 Christy Blvd. Saint Louis, MO 63116	H	Incurred: 08/2002 Consideration: Open Account				65.00
ACCOUNT NO. 4872 KJR Industries 2319 Woodson Rd. St. Louis, MO 63114	J	Incurred: 02/2006 Consideration: Back Rent				1,800.00
ACCOUNT NO. 75942249 Lowe's P.O. Box 2510 Tuscaloosa, AL 35403	H	Incurred: 08/2004 Consideration: Revolving charge account				121.88

Sheet no. 11 of 22 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 2,641.98

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Willie James SurgeonJr & Stephenie Renee Surgeon,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4709 Master Finance 1015 Locust St. Louis, MO 63101	H	Incurred: 12/2007 Consideration: Open Account				181.00
ACCOUNT NO. 09SL-AC11473 Master Finance Co. 1015 Locust St., Ste. 732 St. Louis, MO 63101	H	Incurred: 12/2007 Consideration: Personal loan				29.32
ACCOUNT NO. 358922 Mid America Resorts c/o Altern Recovery 8204 Parkway Dr., Ste. 9 La Mesa, CA 91942	J	Incurred: 01/2001 Consideration: Deficiency Balance on Timeshare				11,224.00
ACCOUNT NO. 358921 Mid America Resorts c/o Altern Recovery 8204 Parkway Dr., Ste. 9 La Mesa, CA 91942	J	Incurred: 01/2001 Consideration: Deficency Balance on Timeshare				1,039.00
ACCOUNT NO. STL-344 Midwest Hemmoroid Center P.O. Box 7510 Shawnee Mission, KS 66207	H	Incurred: 10/2008 Consideration: Medical Services				0.00

Sheet no. 12 of 22 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 12,473.32

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Willie James SurgeonJr & Stephenie Renee Surgeon,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 09SL-AC11451 Mitchell D. Jacobs 225 S. Meremac, Ste. 1021 Clayton, MO 63105	H					Notice Only
ACCOUNT NO. 09SL-AC11473 Mitchell D. Jacobs 225 S. Meremac, Ste. 1021 Clayton, MO 63105						Notice Only
ACCOUNT NO. 2622296912MO00006 Mohela 14528 S. Outer 40 Rd., Ste. 300 Chesterfield, MO 63017	H	Incurred: 12/2008 Consideration: Student Loan				1,750.00
ACCOUNT NO. 2622296912MO00005 Mohela 14528 S. Outer 40 Rd., Ste. 300 Chesterfield, MO 63017	H	Incurred: 12/2008 Consideration: Student Loan				1,375.00
ACCOUNT NO. 2622296912MO00008 Mohela 14528 S. Outer 40 Rd., Ste. 300 Chesterfield, MO 63017	H	Incurred: 04/2009 Consideration: Student Loan				875.00

Sheet no. 13 of 22 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 4,000.00

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Willie James SurgeonJr & Stephenie Renee Surgeon,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 2622296912MO00007 Mohela 14528 S. Outer 40 Rd., Ste. 300 Chesterfield, MO 63017	H	Incurred: 04/2009 Consideration: Student Loan				688.00
ACCOUNT NO. 2622296912MO00001 Mohela/Bank of America 14528 S. Outer 40 Rd., Ste. 300 Chesterfield, MO 63017	H	Incurred: 01/2007 Consideration: Student Loan				5,500.00
ACCOUNT NO. 2622296912MO00002 Mohela/Bank of America 14528 S. Outer 40 Rd., Ste. 300 Chesterfield, MO 63017	H	Incurred: 01/2007 Consideration: Student Loan				5,000.00
ACCOUNT NO. 2622296912MO00003 Mohela/Bank of America 14528 S. Outer 40 Rd., Ste. 300 Chesterfield, MO 63017	H	Incurred: 03/2008 Consideration: Student Loan				4,813.00
ACCOUNT NO. 2622296912MO00004 Mohela/Bank of America 14528 S. Outer 40 Rd., Ste. 300 Chesterfield, MO 63017	H	Incurred: 03/2008 Consideration: Student Loan				4,375.00

Sheet no. 14 of 22 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 20,376.00

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Willie James Surgeon Jr & Stephenie Renee Surgeon,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 15289172090605540 MTE Financial Services c/o Joe Pezzuto 4013 E. Broadway, Ste. A2 Phoenix, AZ 85040	H	Incurred: 06/2009 Consideration: Open Account				342.50
ACCOUNT NO. 577506314 Oxmoor House c/o North Shore Agency, Inc. P.O. Box 11090 Des Moines, IA 50336	H	Incurred: 10/25 Consideration: Open Account				20.91
ACCOUNT NO. 03-48676002 Paragon Way P.O. Box 69 Columbus, OH 43216	H	Incurred: 08/2001 Consideration: Payday Loan				427.64
ACCOUNT NO. 4317320060426501 Plains Commerce Bank 5109 S Broadband Ln. Sioux Falls, SD 57108	H	Incurred: 03/2004 Consideration: Revolving charge account				444.00
ACCOUNT NO. 4322325933/4417507496 Quest Diagnostics c/o AMCA P.O. Box 1235 Elmsford, NY 10523	H	Incurred: 12/2005 Consideration: Medical Services				47.09

Sheet no. 15 of 22 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 1,282.14

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Willie James SurgeonJr & Stephenie Renee Surgeon,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 4535582976 Quest Diagnostics P.O. Box 41652 Philadelphia, PA 19101	H	Incurred: 03/2005 Consideration: Medical Services				8.63
ACCOUNT NO. 5602341523 Quest Diagnostics P.O. Box 740780 Cincinnati, OH45274	H	Incurred: 03/2008 Consideration: Medical Services				48.51
ACCOUNT NO. 5327447503 Quest Diagnostics P.O. Box 740780 Cincinnati, OH45274	H	Incurred: 01/2009 Consideration: Medical Services				3.16
ACCOUNT NO. 5759595755 Quest Diagnostics P.O. Box 740780 Cincinnati, OH45274	H	Incurred: 03/2009 Consideration: Medical Services				568.50
ACCOUNT NO. 486861089 Quick Cash 3825 S. Kingshighway St. Louis, MO 63109	H	Incurred: 09/2002 Consideration: Payday Loan				500.00

Sheet no. 16 of 22 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 1,128.80

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Willie James SurgeonJr & Stephenie Renee Surgeon,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 2484936543 Real Simple P.O. Box 6001 Tampa, FL 33660	W	Incurred: 04/2008 Consideration: Open Account				28.68
ACCOUNT NO. 15202/542 Rehabilitation Medicine Specialists P.O. Box 771099 St. Louis, MO 63177	W	Incurred: 10/2006 Consideration: Medical Services				224.00
ACCOUNT NO. 1089 Rhino Homes 2319 Woodson Rd. St. Louis, MO 63114	J	Incurred: 02/2006 Consideration: Back Rent				3,150.00
ACCOUNT NO. 1004627275 RJM Acquisitions/Fingerhut c/o Pencr0 Assoc., Inc. P.O. Box 1878 Southhampton, PA 18966	W	Incurred: 03/1997 Consideration: Open Account				686.01
ACCOUNT NO. 8527685919 Salute Visa c/o Midland Credit Mgmt. 8875 Aero Dr., Ste. 200 San Diego, CA 92123	H	Incurred: 01/2001 Consideration: Revolving charge account				588.00

Sheet no. 17 of 22 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 4,676.69

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Willie James Surgeon Jr & Stephenie Renee Surgeon,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. F23188014/058121745445 Sears c/o Northland Group, Inc. P.O. Box 390846 Edina, MN 55439	H	Incurred: 07/1988 Consideration: Revolving charge account				1,763.35
ACCOUNT NO. 1000545445 Slucare c/o Outsource Group 939 N. Hwy 67 Florissant, MO 63031	W	Incurred: 01/2001 Consideration: Medical Services				64.00
ACCOUNT NO. 17305924 Southwestern Bell/AT&T c/o Intelnet Global Svcs., LTD. 2325 Colt Rd., Ste. B Plano, TX 75075	W	Incurred: 11/2006 Consideration: Phone Bill				91.40
ACCOUNT NO. 8517720465 Southwestern Bell/AT&T Midland Credit Mgmt. 8875 Aero Dr., Ste. 200 San Diego, CA 92123	W	Incurred: 01/2001 Consideration: Phone Bill				390.00
ACCOUNT NO. 435200150 Sprint c/o NCO Financial Systems 507 Purdential Rd. Horsham, PA 19044	W	Incurred: 08/200 Consideration: Phone Bill				171.11

Sheet no. 18 of 22 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 2,479.86

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Willie James SurgeonJr & Stephenie Renee Surgeon,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 6601040 Sprint c/o Pentagroup Financial 5959 Corporate Dr., Ste. 14 Houston, TX 77036	W	Incurred: 01/2001 Consideration: Phone Bill				629.00
ACCOUNT NO. 714900193 SSM Medical Group 1015 Corporate Square St. Louis, MO 63132	W	Incurred: 03/2004 Consideration: Medical Services				88.91
ACCOUNT NO. 1-082836-6 SSM Medical Group 10777 Sunset Office Dr., Ste. 210 St. Louis, MO 63127	W	Incurred: 05/2008 Consideration: Medical Services				5.00
ACCOUNT NO. A0914802231 St. Johns Mercy P.O. Box 6190 St. Louis, MO 63006-6190	H	Incurred: 05/2009 Consideration: Medical Services				168.55
ACCOUNT NO. A0908301789 St. Johns Mercy P.O. Box 6190 St. Louis, MO 63006-6190	H	Incurred: 03/2009 Consideration: Medical Services				168.55

Sheet no. 19 of 22 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 1,060.01

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Willie James SurgeonJr & Stephenie Renee Surgeon,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. A0908301789 St. Johns Mercy Medical Center P.O. Box 503110 St. Louis, MO 63150-3110	W	Incurred: 06/2008 Consideration: Medical Services				168.55
ACCOUNT NO. 100626973 St. Johns Mercy Medical Center P.O. Box 503110 St. Louis, MO 63150-3110	W	Incurred: 02/2009 Consideration: Medical Services				13.11
ACCOUNT NO. D2517435N1 St. Luke's Hospital c/o Senex Svcs. 3500 Depauw Blvd., Ste. 3050 Indianapolis, IN 46268	W	Incurred: 01/2001 Consideration: Medical Services				181.00
ACCOUNT NO. D2517632N1 St. Luke's Hospital c/o Senex Svcs. 3500 Depauw Blvd., Ste. 3050 Indianapolis, IN 46268	W	Incurred: 01/2001 Consideration: Medical Services				181.00
ACCOUNT NO. D2516920N1 St. Luke's Hospital c/o Senex Svcs. 3500 Depauw Blvd., Ste. 3050 Indianapolis, IN 46268	W	Incurred: 01/2001 Consideration: Medical Services				124.00

Sheet no. 20 of 22 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 667.66

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Willie James SurgeonJr & Stephenie Renee Surgeon,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5655391 St. Mary's Health Center c/o NCO Financial Systems 1930 W. Bennet Ste., 100 Springfield, MO 65807	W	Incurred: 08/2006 Consideration: Medical Services				88.91
ACCOUNT NO. 607096393 Taste of Home P.O. Box 992 Greendale, WI 53129	W	Incurred: 01/2008 Consideration: Open Account				12.98
ACCOUNT NO. 19-3639055433 The Reader Service c/o RCMB P.O. Box 1235 Elmsford, NY 10523	W	Incurred: 06/2007 Consideration: Open Account				32.94
ACCOUNT NO. 123547765003 Time Life c/o North Shore Agency, Inc. P.O. Box 8091 Westbury, NY 11590	H	Incurred: 09/2006 Consideration: Magazine Subscription				23.98
ACCOUNT NO. 155499304 Time Life P.O. Box 7904 Westbury, NY 11590	W	Incurred: 03/2006 Consideration: Magazine Subscription				23.98

Sheet no. 21 of 22 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 182.79

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Willie James SurgeonJr & Stephenie Renee Surgeon,
DebtorCase No. _____
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 21146 Tricolor Medical Services P.O. Box 795216 St. Louis, MO 63179	W	Incurred: 04/2005 Consideration: Medical Services				6.26
ACCOUNT NO. 486861089 UCity Payday Loans 8609 Olive Blvd. University, MO 63132	H	Incurred: 04/2002 Consideration: Payday Loan				230.00
ACCOUNT NO. 4868610891 US Dept. of Education P.O. Box 5609 Greenville, TX 75403	H	Incurred: 04/2003 Consideration: Student Loan				8,859.00
ACCOUNT NO. 11016263 Washington University Physicians 660 S. Euclid Ave. St. Louis, MO 63110	W	Incurred: 03/2005 Consideration: Medical Services				58.71
ACCOUNT NO.						

Sheet no. 22 of 22 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ 9,153.97

Total > \$ 109,870.16

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

In re

Willie James SurgeonJr & Stephenie Renee Surgeon

Case No.

Debtor

(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

☒

 Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

In re Willie James SurgeonJr & Stephenie Renee Surgeon Case No. _____
Debtor (if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

B6I (Official Form 6I) (12/07)

In re Willie James Surgeon Jr & Stephenie Renee SurgeonCase _____
(if known)

Debtor

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status: Married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): daughter	AGE(S): 18
Employment:	DEBTOR	SPOUSE
Occupation	Customer Service Manager	Disabled
Name of Employer	Federal Mogul c/o IBM #SJO-1826	N/A
How long employed	1999-present	2007-present
Address of Employer	P.O. Box 025331	
	Miami, FL 33102	

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions
(Prorate if not paid monthly.)

DEBTOR	SPOUSE
\$ 4,502.33	\$ 0.00

2. Estimated monthly overtime

\$ 0.00	\$ 0.00
---------	---------

3. SUBTOTAL

\$ 4,502.33	\$ 0.00
-------------	---------

4. LESS PAYROLL DEDUCTIONS

- a. Payroll taxes and social security

\$ 764.83	\$ 0.00
-----------	---------

- b. Insurance

\$ 468.00	\$ 0.00
-----------	---------

- c. Union Dues

\$ 0.00	\$ 0.00
---------	---------

- d. Other (Specify: (D)Charity \$21.66 & 401K \$88.84)

\$ 110.50	\$ 0.00
-----------	---------

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 1,343.33	\$ 0.00
-------------	---------

- 6.. TOTAL NET MONTHLY TAKE HOME PAY

\$ 3,159.00	\$ 0.00
-------------	---------

7. Regular income from operation of business or profession or farm

\$ 0.00	\$ 0.00
---------	---------

(Attach detailed statement)

8. Income from real property

\$ 0.00	\$ 0.00
---------	---------

9. Interest and dividends

\$ 0.00	\$ 0.00
---------	---------

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.

\$ 0.00	\$ 0.00
---------	---------

11. Social security or other government assistance

\$ 0.00	\$ 741.00
---------	-----------

(Specify) (S)SSDI

12. Pension or retirement income

\$ 0.00	\$ 0.00
---------	---------

13. Other monthly income

\$ 0.00	\$ 0.00
---------	---------

(Specify)

\$ 0.00	\$ 0.00
---------	---------

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 0.00	\$ 741.00
---------	-----------

15. AVERAGE MONTHLY INCOME (Add amounts shown on Lines 6 and 14)

\$ 3,159.00	\$ 741.00
-------------	-----------

16. COMBINED AVERAGE MONTHLY INCOME (Combine column totals from line 15)

\$ 3,900.00	
-------------	--

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

None

In re Willie James Surgeon Jr & Stephenie Renee SurgeonCase No. _____
(if known)

Debtor

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	<u>1,200.00</u>
a. Are real estate taxes included? Yes _____ No <u>✓</u>		
b. Is property insurance included? Yes _____ No <u>✓</u>		
2. Utilities: a. Electricity and heating fuel	\$	<u>150.00</u>
b. Water and sewer	\$	<u>70.00</u>
c. Telephone	\$	<u>265.00</u>
d. Other <u>Cable</u>	\$	<u>90.00</u>
3. Home maintenance (repairs and upkeep)	\$	<u>100.00</u>
4. Food	\$	<u>600.00</u>
5. Clothing	\$	<u>120.00</u>
6. Laundry and dry cleaning	\$	<u>120.00</u>
7. Medical and dental expenses	\$	<u>150.00</u>
8. Transportation (not including car payments)	\$	<u>350.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	<u>100.00</u>
10. Charitable contributions	\$	<u>0.00</u>
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	<u>0.00</u>
b. Life	\$	<u>0.00</u>
c. Health	\$	<u>0.00</u>
d. Auto	\$	<u>120.00</u>
e. Other _____	\$	<u>0.00</u>
12. Taxes (not deducted from wages or included in home mortgage payments)		
(Specify) <u>PP Tax</u>	\$	<u>25.00</u>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	<u>0.00</u>
b. Other _____	\$	<u>0.00</u>
c. Other _____	\$	<u>0.00</u>
14. Alimony, maintenance, and support paid to others	\$	<u>0.00</u>
15. Payments for support of additional dependents not living at your home	\$	<u>0.00</u>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	<u>0.00</u>
17. Other <u>Misc. personal care</u>	\$	<u>100.00</u>
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data)	\$	<u>3,560.00</u>
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:		
<u>None</u>		
20. STATEMENT OF MONTHLY NET INCOME		
a. Average monthly income from Line 15 of Schedule I (Includes spouse income of \$741.00. See Schedule I)	\$	<u>3,900.00</u>
b. Average monthly expenses from Line 18 above	\$	<u>3,560.00</u>
c. Monthly net income (a. minus b.) (Net includes Debtor/Spouse combined Amounts)	\$	<u>340.00</u>

B6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court

Eastern District of Missouri

In re Willie James SurgeonJr & Stephenie Renee Surgeon

Debtor

Case No. _____

Chapter 7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

AMOUNTS SCHEDULED

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A – Real Property	YES	1	\$ 0.00		
B – Personal Property	YES	3	\$ 11,906.51		
C – Property Claimed as exempt	YES	1			
D – Creditors Holding Secured Claims	YES	1		\$ 0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	3		\$ 4,734.72	
F - Creditors Holding Unsecured Nonpriority Claims	YES	23		\$ 109,870.16	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	1			\$ 3,900.00
J - Current Expenditures of Individual Debtors(s)	YES	1			\$ 3,560.00
TOTAL		36	\$ 11,906.51	\$ 114,604.88	

United States Bankruptcy Court

Eastern District of Missouri

In re Willie James Surgeon Jr & Stephenie Renee Surgeon
Debtor

Case No. _____

Chapter 7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 4,734.72
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 42,207.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 46,941.72

State the Following:

Average Income (from Schedule I, Line 16)	\$ 3,900.00
Average Expenses (from Schedule J, Line 18)	\$ 3,560.00
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ 5,081.66

State the Following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 4,734.72	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 109,870.16
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 109,870.16

Willie James Surgeon Jr & Stephenie Renee Surgeon

In re _____

Case No. _____

Debtor

(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 38 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date 7/8/2009Signature: /s/ Willie James Surgeon Jr
Debtor:Date 7/8/2009Signature: /s/ Stephenie Renee Surgeon
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any,
of Bankruptcy Petition Preparer

Social Security No.
(Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address

X _____
Signature of Bankruptcy Petition Preparer_____
Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the _____ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the _____ [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date _____

Signature: _____

[Print or type name of individual signing on behalf of debtor.]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

UNITED STATES BANKRUPTCY COURT

Eastern District of Missouri

In Re Willie James Surgeon Jr & Stephenie Renee SurgeonCase No. _____
(if known)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
2009(db) \$27,058.00	Employment Income
2008(db) \$50,055.00	Employment Income
2007(db) \$49,011.00	Employment Income
2009(jdb)	
2008(jdb)	
2007(jdb)	

2. Income other than from employment or operation of business

None

☐

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

(db)

(db)

2009(jdb)	\$5,024.00	Social Security
2008(jdb)	\$8,340.00	Social Security

None

☒

3. Payments to creditors

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF
PAYMENTS

AMOUNT
PAID

AMOUNT STILL
OWING

None

☒

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR
AND RELATIONSHIP TO DEBTOR

DATES OF
PAYMENTS

AMOUNT
PAID

AMOUNT STILL
OWING

None

☐

c. *All debtors:* List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
Sarah Salbago Relationship: Mother	02/2009-04/2009	\$420.00	\$0.00

4. Suits and administrative proceedings, executions, garnishments and attachments

None

☐

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Ardmore Finance VS Willie Surgeon 09SL-AC11451	Civil	St. Louis County	Pending
Master Finance VS Willie Surgeon 09SL-AC11473	Civil	St. Louis County	Pending

None

☒

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
--	--------------------	--------------------------------------

5. Repossessions, foreclosures and returns

None

☐

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
Americredit P.O. Box 183853 Arlington, TX 76096	10/2008	2004 Saturn Ion Value \$5,808.00

6. Assignments and Receiverships

None

☒

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
------------------------------	--------------------	-----------------------------------

None

☒

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
-------------------------------	--	---------------	-----------------------------------

7. Gifts

None

☐

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case, except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
Cultural Leadership 225 Linden Ave. Clayton, MO 63105	none	06/2008-12/2008	Cash \$500.00
Greater St. Louis Church 9340 Stansberry St. Louis, MO	Church	Weekly	Cash Weekly gift of \$10.00

8. Losses

None

☒

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES, AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
-----------------------------------	---	--------------

9. Payments related to debt counseling or bankruptcy

None

☐

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
James R. Brown Castle Law Office, P.C. 500 N. Broadway, Ste. 1400 St. Louis, MO 63102	06/2009	\$986.00

10. Other transfers

None



a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE,
RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY
TRANSFERRED AND
VALUE RECEIVED

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

None



NAME OF TRUST OR OTHER DEVICE

DATE(S) OF
TRANSFER(S)

AMOUNT OF MONEY OR
DESCRIPTION AND
VALUE OF PROPERTY
OR DEBTOR'S INTEREST
IN PROPERTY

11. Closed financial accounts

None



List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND
ADDRESS
OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR
DIGITS OF ACCOUNT NUMBER,
AND AMOUNT OF FINAL BALANCE

AMOUNT AND
DATE OF SALE
OR CLOSING

FME Federal Credit
Union
29624 Harper Ave.
St. Clair Shores, MI
48082-1643

Checking & Savings
Closing Balance: \$0.00

09/2008

12. Safe deposit boxes

None



List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

None



List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
------------------------------	----------------------	------------------------

14. Property held for another person

None



List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
------------------------------	--------------------------------------	----------------------

15. Prior address of debtor

None



If the debtor has moved within the three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Sites

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
--------------------------	--	-------------------	----------------------

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None



SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
--------------------------	--	-------------------	----------------------

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

None



NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
--	---------------	-----------------------

18. Nature, location and name of business

None



a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None



NAME

ADDRESS

[Questions 19 - 25 are not applicable to this case]

* * * * *

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date	<u>7/8/2009</u>	Signature of Debtor	<u>/s/ Willie James SurgeonJr</u> WILLIE JAMES SURGEONJR
Date	<u>7/8/2009</u>	Signature of Joint Debtor	<u>/s/ Stephenie Renee Surgeon</u> STEPHENIE RENEE SURGEON

0 continuation sheets attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §152 and 3571

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and required under 11U.S.C. §§ 110(b), 110(h), and 342(b); (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110(c).)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address

X

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. §156.

UNITED STATES BANKRUPTCY COURT
Eastern District of Missouri

Willie James SurgeonJr & Stephenie Renee Surgeon

In re _____, Case No. _____
Debtor Chapter 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	NO SECURED PROPERTY
Creditor's Name:	Describe Property Securing Debt:
<p>Property will be (<i>check one</i>):</p> <p><input type="checkbox"/> Surrendered <input type="checkbox"/> Retained</p> <p>If retaining the property, I intend to (<i>check at least one</i>):</p> <p><input type="checkbox"/> Redeem the property</p> <p><input type="checkbox"/> Reaffirm the debt</p> <p><input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. §522(f)).</p> <p>Property is (<i>check one</i>):</p> <p><input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt</p>	

Property No. 2 (if necessary)	
Creditor's Name:	Describe Property Securing Debt:
<p>Property will be (check one):</p> <p><input type="checkbox"/> Surrendered <input type="checkbox"/> Retained</p> <p>If retaining the property, I intend to (check at least one):</p> <p><input type="checkbox"/> Redeem the property</p> <p><input type="checkbox"/> Reaffirm the debt</p> <p><input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. §522(f)).</p> <p>Property is (check one):</p> <p><input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt</p>	

PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for Each unexpired lease. Attach additional pages if necessary.)

Property No. 1 NO Leased Property		
Lessor's Name:	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. §365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

Property No. 2 (if necessary)		
Lessor's Name:	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. §365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

Property No. 3 (if necessary)		
Lessor's Name:	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. §365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

0 continuation sheets attached (if any)

I declare under penalty of perjury that the above indicates my intention as to any property of my Estate securing debt and/or personal property subject to an unexpired lease.

Date: 7/8/2009

/s/ Willie James Surgeon Jr
Signature of Debtor

/s/ Stephenie Renee Surgeon
Signature of Joint Debtor

UNITED STATES BANKRUPTCY COURT

Eastern District of Missouri

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer
Address:

X
Signature of Bankruptcy Petition Preparer or officer,
principal, responsible person, or partner whose Social
Security number is provided above.

Social Security number (If the bankruptcy petition
preparer is not an individual, state the Social Security
number of the officer, principal, responsible person, or partner of
the bankruptcy petition preparer.) (Required
by 11 U.S.C. § 110.)

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Willie James SurgeonJr & Stephenie Renee Surgeon
Printed Name(s) of Debtor(s)

Case No. (if known) _____

X/s/ Willie James SurgeonJr 7/8/2009
Signature of Debtor Date

X/s/ Stephenie Renee Surgeon 7/8/2009
Signature of Joint Debtor (if any) Date

ABC, Inc.
3009 N. Ballas, Ste. 227
St. Louis, MO 63131

Ace Cash Express
3655 S. Grand
St. Louis, MO 63118

Advance America
c/o Collins Financial
P.O. Box 5883
Hicksville, NY 11802

Advance America Cash Advance
6902 Olive Blvd.
University, MO 63130

Allied Waste Services
P.O. Box 9001099
Louisville, KY 40290

Americredit
P.O. Box 183853
Arlington, TX 76096

Ardmore Financial
1015 Locust
St. Louis, MO 63101

Ardmore Financial
1015 Locust, Ste. 740
St. Louis, MO 63101

AT&T
c/o Asset Acceptance
P.O. Box 15380
Wilmington, DE 19860

AT&T
c/o Midland Credit Mgmt.
8875 Aero Dr., Ste. 200
San Diego, CA 92123

AT&T Mobility
c/o Afni, Inc.
P.O. Box 3427
Bloomington, IL 61702

AT&T/Charter
c/o Riddle & Assoc.
P.O. Box 1187
Sandy, UT 84091

Bank of America
c/o Client Services
3451 Harry Truman Blvd.
St. Charles, MO 63301

Bank of America
c/o ERS Solutions
P.O. Box 9004
Rento, WA 98057

Bank of America
c/o NCO Financial Systems
P.O. Box 17080
Wilmington, DE 19850

BJC
P.O. Box 500071
St. Louis, MO 63150

BJC
c/o EBO Financial Services
3523 Barren Parkway Dr., Ste. 241
Ballwin, MO 63021

BMG Music Service
c/o Penn Credit Corp.
P.O. Box 988
Harrisburg, PA 17108

Cardinal Glennon Children's Hospital
c/o NCO Financial Systems, Inc.
507 Prudential Rd.
Horsham, PA 19044

Center for Pain Mgmt.
c/o EPRO Collect
P.O. Box 790126
St. Louis, MO 63179

Charter Communications
c/o Afni, Inc.
P.O. Box 3427
Bloomington, IL 61702

Children's Hospital
c/o NCO Financial Systems, Inc.
507 Prudential Rd.
Horsham, PA 19044

Christian Hospital
c/o Mediacredit
13730 S. Point Blvd.
Charlotte, NC 28273

Christian Hospital NE
11133 Dunn Rd.
St. Louis, MO 63136-6192

Christian Hospital NE
c/o Argent Healthcare Financial
P.O. Box 33009
Phoenix, AZ 85067

Citibank USA
c/o Midland Credit Mgmt.
Dept. 8870
Los Angeles, CA 90084

City of Hazelwood
P.O. Box 742503
Cincinnati, OH 45274

City of St. Louis
c/o LDC Collection Systems
P.O. Box 78459
St. Louis, MO 63178

Collins Financial
c/o CBCS
P.O. Box 163750
Columbus, OH 43216

Compucredit
P.O. Box 800
Purchase, NY 10577

Cooking Club of America
P.O. Box 3516
Hopkins, MN 55343

DePaul Medical Center
Umansky & Assoc.
12460 Olive Blvd., Ste. 118
St. Louis, MO 63141

Direct Loans
P.O. Box 5202
Greenville, TX 75403

Dr. Denzel Jines
c/o Southhampton Dental
2340 Hampton Ave.
St. Louis, MO 63139

Dr. Jennifer Abel
7750 Clayton Rd., Ste. 105
St. Louis, MO 63117

Dr. Sciortino
St. Louis Orthopedic Surgeons
P.O. Box 78219
St. Louis, MO 63178

Dr. Uelk
3153 N. Lindbergh
St. Ann, MO 63074

Earll Construction
7453 Eugene Ave.
St. Louis, MO 63116

Easy to Bake, Easy to Make
P.O. Box 26599
Lehigh Valley, PA 18002

Everyday With Rachel Ray
P.O. Box 8045
Red Oak, IA 51591

First Card USA
c/o RJM Acquisitions
575 Underhill Blvd., Ste. 224
Syosset, NY 11791

First National Bank
c/o Midland Credit Mgmt.
Dept. 8870
Los Angeles, CA 90084

First National Bank of Marin
c/o FMS Investment corp.
P.O. Box 681535
Shaumburg, IL 60168

Fleet
c/o Asset Acceptance
P.O. Box 2036
Warren, MI 48090

FME Federal Credit Union
29624 Harper Ave.
St. Clair Shores, MI
48082-1643

Fontbonne University
6800 Wydown Blvd.
St. Louis, MO 63105

Gateway Specialists
6400 Clayton Rd.
St. Louis, MO 63117

GEM7, LLC.
c/o Joe Pezzuto, LLC.
4013 E. Broadway
Phoenix, AZ 85040

Gevalia
c/o North Shore Agency, Inc.
P.O. Box 8091
Westbury, NY 11590

Gulf State Credit/BP Oil
c/o Global Vantage
P.O. Box 3458
San Rafael, CA 94912

Hidden Pictures Playground
P.O. Box 4002862
Des Moines, IA 50340-2862

Highlights for Children
P.O. Box 2182
Marion, OH 43306

IDT Carmel, Inc.
c/o Capital Mgmt. Services
726 Exchange St., Ste. 700
Buffalo, NY 14210

Imagine Mastercard
c/o Jefferson Capital System
16 Mcleland Rd
Saint Cloud, MN 56303

Imaging Partners of MO
14825 N. Outer Forty Dr.
Chesterfield, MO 63017

IRS
c/o Insolvency Unit
Stop 5334 STL
1222 Spruce St.
St. Louis, MO 63103

IRS
P.O. Box 21126
Philadelphia, PA 19114-0321

Key Finance Co.
4938 Christy Blvd.
Saint Louis, MO 63116

KJR Industries
2319 Woodson Rd.
St. Louis, MO 63114

Lowe's
P.O. Box 2510
Tuscaloosa, AL 35403

Master Finance
1015 Locust
St. Louis, MO 63101

Master Finance Co.
1015 Locust St., Ste. 732
St. Louis, MO 63101

Mid America Resorts
c/o Altern Recovery
8204 Parkway Dr., Ste. 9
La Mesa, CA 91942

Midwest Hemmoroid Center
P.O. Box 7510
Shawnee Mission, KS 66207

Mitchell D. Jacobs
225 S. Meremac, Ste. 1021
Clayton, MO 63105

Mohela
14528 S. Outer 40 Rd., Ste.
300
Chesterfield, MO 63017

Mohela/Bank of America
14528 S. Outer 40 Rd., Ste. 300
Chesterfield, MO 63017

MTE Financial Services
c/o Joe Pezzuto
4013 E. Broadway, Ste. A2
Phoenix, AZ 85040

Oxmoor House
c/o North Shore Agency, Inc.
P.O. Box 11090
Des Moines, IA 50336

Paragon Way
P.O. Box 69
Columbus, OH 43216

Plains Commerce Bank
5109 S Broadband Ln.
Sioux Falls, SD 57108

Quest Diagnostics
c/o AMCA
P.O. Box 1235
Elmsford, NY 10523

Quest Diagnostics
P.O. Box 41652
Philadelphia, PA 19101

Quest Diagnostics
P.O. Box 740780
Cincinnati, OH 45274

Quick Cash
3825 S. Kingshighway
St. Louis, MO 63109

Real Simple
P.O. Box 6001
Tampa, FL 33660

Rehabilitaiton Medicine Specialists
P.O. Box 771099
St. Louis, MO 63177

Rhino Homes
2319 Woodson Rd.
St. Louis, MO 63114

RJM Acquisitions/Fingerhut
c/o Pencer Assoc., Inc.
P.O. Box 1878
Southampton, PA 18966

Salute Visa
c/o Midland Credit Mgmt.
8875 Aero Dr., Ste. 200
San Diego, CA 92123

Sears
c/o Northland Group, Inc.
P.O. Box 390846
Edina, MN 55439

Slucare
c/o Outsource Group
939 N. Hwy 67
Florissant, MO 63031

Southwestern Bell/AT&T
c/o Intelnet Global Svcs., LTD.
2325 Colt Rd., Ste. B
Plano, TX 75075

Southwestern Bell/AT&T
Midland Credit Mgmt.
8875 Aero Dr., Ste. 200
San Diego, CA 92123

Sprint
c/o NCO Financial Systems
507 Purdential Rd.
Horsham, PA 19044

Sprint
c/o Pentagroup Financial
5959 Corporate Dr., Ste. 14
Houston, TX 77036

SSM Medical Group
1015 Corporate Square
St. Louis, MO 63132

SSM Medical Group
10777 Sunset Office Dr., Ste. 210
St. Louis, MO 63127

St. Johns Mercy
P.O. Box 6190
St. Louis, MO 63006-6190

St. Johns Mercy Medical
Center
P.O. Box 503110
St. Louis, MO 63150-3110

St. Luke's Hospital
c/o Senex Svcs.
3500 Depauw Blvd., Ste. 3050
Indianapolis, IN 46268

St. Mary's Health Center
c/o NCO Financial Systems
1930 W. Bennet Ste., 100
Springfield, MO 65807

Taste of Home
P.O. Box 992
Greendale, WI 53129

The Reader Service
c/o RCMB
P.O. Box 1235
Elmsford, NY 10523

Time Life
c/o North Shore Agency, Inc.
P.O. Box 8091
Westbury, NY 11590

Time Life
P.O. Box 7904
Westbury, NY 11590

Tricolor Medical Services
P.O. Box 795216
St. Louis, MO 63179

UCity Payday Loans
8609 Olive Blvd.
University, MO 63132

US Dept. of Education
P.O. Box 5609
Greenville, TX 75403

Washington University Physicians
660 S. Euclid Ave.
St. Louis, MO 63110

**UNITED STATES BANKRUPTCY COURT
Eastern District of Missouri**

In re Willie James SurgeonJr & Stephenie Renee Surgeon ,
Debtor

Case No. _____

Chapter 7 _____

VERIFICATION OF LIST OF CREDITORS

I hereby certify under penalty of perjury that the attached List of Creditors which consists of 4 pages, is true,
correct and complete to the best of my knowledge.

Date 7/8/2009 _____

Signature
of Debtor

/s/ Willie James SurgeonJr

WILLIE JAMES SURGEONJR

Date 7/8/2009 _____

Signature
of Joint Debtor

/s/ Stephenie Renee Surgeon

STEPHENIE RENEE SURGEON

B203
12/94

United States Bankruptcy Court
Eastern District of Missouri

In re Willie James Surgeon Jr & Stephanie Renee Surgeon

Case No. _____

Chapter 7

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ 1,076.00

Prior to the filing of this statement I have received \$ 1,076.00

Balance Due \$ 0.00

2. The source of compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in the bankruptcy proceeding.

7/8/2009

Date

/s/ James R. Brown

Signature of Attorney

Castle Law Office of St. Louis, P.C.

Name of law firm

In re Willie James Surgeon Jr & Stephenie Renee Surgeon
Debtor(s)

Case Number: _____
(If known)

According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):

- ☒ **The presumption arises.**
☐ **The presumption does not arise.**
☐ **The presumption is temporarily inapplicable.**

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedule I and J, this statement must be completed by every individual Chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

Part I. EXCLUSION FOR DISABLED VETERANS AND NON-CONSUMER DEBTORS

1A

If you are a disabled veteran described in the Veteran's Declaration in this Part IA, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.

☐ **Veteran's Declaration.** By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).

1B

If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.

☐ **Declaration of non-consumer debts.** By checking this box, I declare that my debts are not primarily consumer debts.

1C

Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.

☐ **Declaration of Reservists and National Guard Members.** By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard

- a. ☐ I was called to active duty after September 11, 2001, for a period of at least 90 days and
☐ I remain on active duty /or/
☐ I was released from active duty on _____, which is less than 540 days before this bankruptcy case was filed;
OR
b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/
☐ I performed homeland defense activity for a period of at least 90 days, terminating on _____, which is less than 540 days before this bankruptcy case was filed.

Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION**Marital/filing status.** Check the box that applies and complete the balance of this part of this statement as directed.a. ☐ Unmarried. **Complete only Column A ("Debtor's Income") for Lines 3-11.**b. ☐ Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code."
Complete only Column A ("Debtor's Income") for Lines 3-11.2 c. ☐ Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. **Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.**d. ☒ Married, filing jointly. **Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.**

All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.

**Column A
Debtor's
Income****Column B
Spouse's
Income**3 **Gross wages, salary, tips, bonuses, overtime, commissions.**

\$ 5,081.66

\$ 0.00

4 **Income from the operation of a business, profession or farm.** Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. **Do not include any part of the business expenses entered on Line b as a deduction in Part V.**

a.	Gross receipts	\$ 0.00
b.	Ordinary and necessary business expenses	\$ 0.00
c.	Business income	Subtract Line b from Line a

\$ 0.00

\$ 0.00

5 **Rent and other real property income.** Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. **Do not include any part of the operating expenses entered on Line b as a deduction in Part V.**

a.	Gross receipts	\$ 0.00
b.	Ordinary and necessary operating expenses	\$ 0.00
c.	Rent and other real property income	Subtract Line b from Line a

\$ 0.00

\$ 0.00

6 **Interest, dividends and royalties.**

\$ 0.00

\$ 0.00

7 **Pension and retirement income.**

\$ 0.00

\$ 0.00

8 **Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose.** Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed.

\$ 0.00

\$ 0.00

9 **Unemployment compensation.** Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:

Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ 0.00	Spouse \$ 0.00
---	----------------	----------------

\$ 0.00

\$ 0.00

10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.										
	<table border="1"> <tr> <td>a.</td> <td></td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> <td>0.00</td> </tr> </table>	a.		\$	0.00	b.		\$	0.00		
a.		\$	0.00								
b.		\$	0.00								
	Total and enter on Line 10	\$	0.00								
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).	\$	5,081.66								
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$	5,081.66								
Part III. APPLICATION OF § 707(b)(7) EXCLUSION											
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	60,979.92								
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: <u>Missouri</u> b. Enter debtor's household size: <u>3</u>	\$	58,473.00								
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 13 is less than or equal to the amount on Line 14. Check the "The presumption does not arise" box at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. <input checked="" type="checkbox"/> The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.										

Complete Parts IV, V, VI and VII of this statement only if required. (See Line 15).

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)															
16	Enter the amount from Line 12.	\$	5,081.66												
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.														
	<table border="1"> <tr> <td>a.</td> <td></td> <td>\$</td> <td></td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> <td></td> </tr> <tr> <td>c.</td> <td></td> <td>\$</td> <td></td> </tr> </table>	a.		\$		b.		\$		c.		\$			
a.		\$													
b.		\$													
c.		\$													
	Total and enter on Line 17.	\$	0.00												
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.	\$	5,081.66												
Part V. CALCULATION OF DEDUCTIONS FROM INCOME															
Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)															
19A	National Standards: food, clothing and items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	\$	1,152.00												

19B	<p>National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years or older. (The total number of household members must be the same as the number stated in Line 14b). Multiply line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.</p> <table border="1"><thead><tr><th colspan="2">Household members under 65 years of age</th><th colspan="2">Household members 65 years of age or older</th></tr></thead><tbody><tr><td>a1.</td><td>Allowance per member</td><td>60.00</td><td>a2.</td><td>Allowance per member</td><td>144.00</td></tr><tr><td>b1.</td><td>Number of members</td><td>3</td><td>b2.</td><td>Number of members</td><td>0</td></tr><tr><td>c1.</td><td>Subtotal</td><td>180.00</td><td>c2.</td><td>Subtotal</td><td>0.00</td></tr></tbody></table> <p>\$ 180.00</p>	Household members under 65 years of age		Household members 65 years of age or older		a1.	Allowance per member	60.00	a2.	Allowance per member	144.00	b1.	Number of members	3	b2.	Number of members	0	c1.	Subtotal	180.00	c2.	Subtotal	0.00
Household members under 65 years of age		Household members 65 years of age or older																					
a1.	Allowance per member	60.00	a2.	Allowance per member	144.00																		
b1.	Number of members	3	b2.	Number of members	0																		
c1.	Subtotal	180.00	c2.	Subtotal	0.00																		
20A	<p>Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p> <p>\$ 440.00</p>																						
20B	<p>Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero. ST. LOUIS (COUNTY) COUNTY</p> <table border="1"><tbody><tr><td>a.</td><td>IRS Housing and Utilities Standards; mortgage/rental expense</td><td>\$ 946.00</td></tr><tr><td>b.</td><td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td><td>\$ 0.00</td></tr><tr><td>c.</td><td>Net mortgage/rental expense</td><td>Subtract Line b from Line a</td></tr></tbody></table> <p>\$ 946.00</p>	a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$ 946.00	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$ 0.00	c.	Net mortgage/rental expense	Subtract Line b from Line a													
a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$ 946.00																					
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$ 0.00																					
c.	Net mortgage/rental expense	Subtract Line b from Line a																					
21	<p>Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p> <p>_____ _____ _____</p> <p>\$ 0.00</p>																						
22A	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.</p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 or more. ST. LOUIS - total includes extra \$400 for 2 old vehicles</p> <p>If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p> <p>\$ 766.00</p>																						
22B	<p>Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p> <p>\$ 0.00</p>																						

23	<p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Transportation Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.</p> <table border="1"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td>\$</td> <td>489.00</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 1</td> <td>Subtract Line b from Line a.</td> <td>\$</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	489.00	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$	0.00	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$	\$	0.00
a.	IRS Transportation Standards, Ownership Costs	\$	489.00												
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$	0.00												
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$												
24	<p>Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of that Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.</p> <table border="1"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td>\$</td> <td>489.00</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 2</td> <td>Subtract Line b from Line a.</td> <td>\$</td> </tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	489.00	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	0.00	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$	\$	0.00
a.	IRS Transportation Standards, Ownership Costs	\$	489.00												
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	0.00												
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$												
25	<p>Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.</p>	\$	764.83												
26	<p>Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.</p>	\$	0.00												
27	<p>Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums on your dependents, for whole life or for any other form of insurance.</p>	\$	0.00												
28	<p>Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to court order or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.</p>	\$	0.00												
29	<p>Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.</p>	\$	0.00												
30	<p>Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.</p>	\$	0.00												
31	<p>Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Lin 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.</p>	\$	0.00												
32	<p>Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.</p>	\$	50.00												
33	<p>Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32</p>	\$	4,298.83												

Subpart B: Additional Expense Deductions under § 707(b)														
Note: Do not include any expenses that you have listed in Lines 19-32.														
34	<p>Health Insurance, Disability Insurance and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.</p> <table border="1"> <tr> <td>a.</td> <td>Health Insurance</td> <td>\$</td> <td>468.00</td> </tr> <tr> <td>b.</td> <td>Disability Insurance</td> <td>\$</td> <td>0.00</td> </tr> <tr> <td>c.</td> <td>Health Savings Account</td> <td>\$</td> <td>0.00</td> </tr> </table> <p>Total and enter on Line 34.</p> <p>If you do not actually expend this total amount, state your actual average expenditures in the space below: \$ 0.00</p>	a.	Health Insurance	\$	468.00	b.	Disability Insurance	\$	0.00	c.	Health Savings Account	\$	0.00	<p>\$ 468.00</p>
a.	Health Insurance	\$	468.00											
b.	Disability Insurance	\$	0.00											
c.	Health Savings Account	\$	0.00											
35	<p>Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.</p>	<p>\$ 0.00</p>												
36	<p>Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.</p>	<p>\$ 0.00</p>												
37	<p>Home energy costs Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.</p>	<p>\$ 0.00</p>												
38	<p>Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.</p>	<p>\$ 0.00</p>												
39	<p>Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.</p>	<p>\$ 0.00</p>												
40	<p>Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170 (c)(1)-(2)</p>	<p>\$ 21.66</p>												
41	<p>Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40.</p>	<p>\$ 489.66</p>												

Subpart C: Deductions for Debt Payment

42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total Average Monthly payments on Line 42.				
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	
a.			\$ 0.00	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
b.			\$ 0.00	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
c.			\$ 0.00	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
	Total: Add Line a, b and c				\$ 0.00
43	Other payments on secured claims. If any of the debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.				
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount		
a.			\$ 0.00		
b.			\$ 0.00		
c.			\$ 0.00		
					\$ 0.00
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.				\$ 97.69
45	Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.				
a.	Projected average monthly Chapter 13 plan payment.		\$ 500.00		
b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		x 4.7 %		
c.	Average monthly administrative expense of Chapter 13 case		Total: Multiply Lines a and b		\$ 23.50
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.				\$ 121.19
Subpart D: Total Deductions from Income					
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.				\$ 4,909.68

Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION

48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$ 5,081.66
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$ 4,909.68
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.	\$ 171.98
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	\$ 10,318.80
52	Initial presumption determination. Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 51 is less than \$6,575. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. <input type="checkbox"/> The amount set forth on Line 51 is more than \$10,950. Check the "Presumption arises" box at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. <input checked="" type="checkbox"/> The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete the remainder of Part VI (Lines 53 through 55).	
53	Enter the amount of your total non-priority unsecured debt	\$ 0.00
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter	\$ 0.00
55	Secondary presumption determination. Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. <input checked="" type="checkbox"/> The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.	

Part VII: ADDITIONAL EXPENSE CLAIMS

56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.	
	Expense Description	Monthly Amount
	a.	\$ 0.00
	b.	\$ 0.00
	c.	\$ 0.00
	Total: Add Lines a, b and c	0.00

Part VIII: VERIFICATION

57	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this a joint case, both debtors must sign.) Date: 7/8/2009 Signature: /s/ Willie James SurgeonJr (Debtor) Date: 7/8/2009 Signature: /s/ Stephenie Renee Surgeon (Joint Debtor, if any)	
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Form 22 Continuation Sheet

Income Month 1 <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Gross wages, salary, tips...</td> <td style="width: 20%; text-align: right;">4,156.00</td> <td style="width: 20%; text-align: right;">0.00</td> </tr> <tr> <td>Income from business...</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Rents and real property income...</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Interest, dividends...</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Pension, retirement...</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Contributions to HH Exp...</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Unemployment...</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Other Income...</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> </table>	Gross wages, salary, tips...	4,156.00	0.00	Income from business...	0.00	0.00	Rents and real property income...	0.00	0.00	Interest, dividends...	0.00	0.00	Pension, retirement...	0.00	0.00	Contributions to HH Exp...	0.00	0.00	Unemployment...	0.00	0.00	Other Income...	0.00	0.00	Income Month 2 <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Gross wages, salary, tips...</td> <td style="width: 20%; text-align: right;">4,178.00</td> <td style="width: 20%; text-align: right;">0.00</td> </tr> <tr> <td>Income from business...</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Rents and real property income...</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Interest, dividends...</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Pension, retirement...</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Contributions to HH Exp...</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Unemployment...</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Other Income...</td> <td style="text-align: right;">0.00</td> <td style="text-align: right;">0.00</td> </tr> </table>	Gross wages, salary, tips...	4,178.00	0.00	Income from business...	0.00	0.00	Rents and real property income...	0.00	0.00	Interest, dividends...	0.00	0.00	Pension, retirement...	0.00	0.00	Contributions to HH Exp...	0.00	0.00	Unemployment...	0.00	0.00	Other Income...	0.00	0.00
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